

Application 15-003
Sample

PROJECT MUMBER:	DATE RECEIVED:	KWIEC TRACIGNG NUMBER:	ECLEARING	HOUSE SAI NUMBER:
PROJECT TITLE:				72
	LEAD APPLICANT AGENCY (CITY	r, FISCAL COURT, ADD, UNIV	versity)	
LEAD APPLICANT:		CEO:	CEO: E-MAJL ADDRESS:	
EMITY:		STATUS:		Update Information
free _ tough		<u> </u>		end Usemame/Password
STREET OR P.O. BOX;	сту:	COUNTY:	STATE:	ze cons + 4:
TELEPHONE NUMBER:	FAX NUMBER:	DUNS NUMBER:		
BUDGET TOTAL AMOUNT REQUESTED:			1	\$0.00
FUNDING AMOUNT THAT BENEFITS LAW ENF	ORCEMENT:			\$0.00
NAME OF SUBRECIPIENT (IF ANY):				
NAME OF PARTNERING CITIES / COUNTIES	AGENCIES:			
PLEASE CHOOSE THE CATEGORY AND SUBI	CATEGORY FOR WHICH YOU ARE A	APPLYING:		
STATE HOUSE DISTRICT:	STATE HOUSE DISTRICT: STATE SEMANE DISTRICT		AREA DEVELOPMENT DISTRICT:	
	APPLICATIO	ON PREPARED BY:		
NAME:		EMAIL ADDRESS:		
STREET OR P.O. BOX:	ату:	COUNTY:	STATE:	ZIP CODE + 4;
TELEPHONE NUMBER:	CELL NUMBER.		FAX NUMBE	P
	AUTHORI	IZING OFFICIAL!		
NAME:		TITLE:		
STREET OR P.O. BOX:	GTY:	COUNTY:	STATE:	ZIP CODE + 4:
TELEPHONE NUMBER:	FAX NUMBER:	¹	E-MAIL ADD	DRESS:
	PROJECT DIS	RECTOR / CONTACT:		
NAME:		TITLE:		
STREET OR P.O. BOX:	city:	COUNTY:	STATE:	ZIP CODE + 4:
TELEPHONE NUMBER:	CELL NUMBER:	FAX NUMBER:	E-MAIL ADD	DRESS:
	FINANC	CIAL OFFICER:		
NAME:		TITLE:		
STREET OR P.O. BOX:	ату:	COUNTY:	STATE:	ZP CODE + 4:
TELEPHONE MUMBER!	FAX NUMBER:		E-MAIL ADI	ORESS:
	DASHBOARDI	EDIT APPLICATI	ON	

Section I - Strategy

All applicants must complete this section, please answer ALL questions below.

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OTHER COMMENTS:		
	(Select One)	
Submit	OTHER COMMENTS:	
Submit		A
		Submit







Please answer each question

Choose ONLY one category to complete for your project:
O Communications
Critical Infrastructure Protection
First Responder Equipment

A. Communications
1. RADIOS
EXPLAIN THE EQUIPMENT AND/OR SYSTEM YOU INTEND TO DEPLOY:
DOES THIS EQUIPMENT REPLACE ANY EXISTING INVENTORY?
(select one) v
19 YOUR CURRENT RADIO SYSTEM P25 COMPLIANT?
(select one) *
LIST THE FREQUENCY BANDS THAT ARE USED BY YOUR AGENCY:
WHAT OTHER FREQUENCY BANDS ARE USED IN YOUR COUNTY?
ARE ALL FIRST RESPONDER MOBILE AND HAND HELD RADIOS PROGRAMMED WITH MUTUAL AID AND INTEROPERABILITY FREQUENCIES?
IDENTIFY BY DISCIPLINE THE PERSONNEL SUPPORTED BY THIS APPLICATION, LIST THE TOTAL NUMBER OF PORTABLE RADIOS REQUESTED FOR EACH DISCIPLINE:
HOW MANY FOR EACH PERSONNEL ("LAW ENFORCEMENT", "EMS", "EM", "FIRE" AND "OTHER")?
IDENTIFY BY DISCIPLINE THE NUMBER OF FIRST RESPONDER VEHICLES SUPORTED BY THIS APPLICATION. LIST THE TOTAL NUMBER OF MOBILE RADIOS REQUESTED FOR EACH DISCIPLINE.
IF YOU ARE APPLYING FOR COMMUNICATION INFRASTRUCTURE EQUIPMENT AND RADIOS, PLEASE PRIORITIZE THE EQUIPMENT REQUESTED.
DESCRIBE HOW THE REQUESTED ITEMS / EQUIPMENT WILL BE INSTALLED AND WHERE (ATTACH LABELED PHOTO OF STRUCTURE):
DOES THIS PIECE OF EQUIPMENT SUPPORT A NIMS TYPED RESOURCE?
(select one) *
IF YES, SPECIFY TYPE OF RESOURCE AND ID NUMBER (SEE RESOURCE TYPING LIBRARY TOOL AT HTTPS://RTLT.PTACCENTER.ORG/PUBLIC).
2. COMMUNICATION INFRASTRUCTURE PROJECT
IF APPLYING FOR COMMUNICATION INFRASTRUCTURE EQUIPMENT AND RADIOS, PLEASE PRIORITIZE YOUR REQUEST.

DOES THIS EQUIPMENT REPLACE ANY EXISTING INVENTORY? (select one)
IF YOU ARE REPLACING OLD EQUIPMENT WITH THIS PROJECT, PLEASE DESCRIBE THE AGE AND CONDITION OF THE OLD EQUIPMENT.
IS THIS INFRASTRUCTURE PROJECT PART OF YOUR COMMUNITY'S NARROWBANDING PLAN? (Select one)
IS THIS INFRASTRUCTURE PROJECT PART OF YOUR COMMUNITY'S P25 COMPLIANCE PLAN? (select one)
IF EQUIPMENT IS BEING ADOED AT AN EXISTING TOWER SITE, DOES THE COMMUNITY OWN THE TOWER? IF NOT, WHO DOES?
IS THERE ACCESSIBILITY TO TOWER LOCATION?
(select one)
PLEASE PROVIDE A MAP THAT INDICATES EXISTING TOWER SITES WITH THE AREA OF COVERAGE AND THE REQUESTED TOWER SITES WITH NEW AREA OF COVERAGE ONCE THE PROJECT IS COMPLETE.
ESTIMATE THE NUMBER OF HOMES AND POPULATION COVERED BY THE PROJECT.
HAVE ANY STUDIES, REPORTS OR SURVEYS BEEN COMPLETED THAT PROVIDE INFORMATION ON ENVIRONMENTAL IMPACT ON HISTORIC PROPERTIES IN THE AREA WHERE A TOWER WILL BE
BUILT OR THE EXISTING STRUCTURES WHERE EQUIPMENT WILL BE ATTACHED?
DESCRIBE HOW THE REQUESTED ITEMS / EQUIPMENT WILL BE INSTALLED AND WHERE (ATTACH LABELED PHOTO OF STRUCTURE).
CORRESPONDED TO THE PROPERTY OF THE PROPERTY O
DOES THIS PIECE OF EQUIPMENT SUPPORT A MIMS TYPED RESOURCE? (Select one)
IF YES, SPECIFY TYPE OF RESOURCE AND ID NUMBER (SEE RESOURCE TYPING LIBRARY TOOL AT HTTPS://RTLT.PTACCENTER.ORG/PUBLIC).
3. 9-1-1 PROJECT
DESCRIBE THE EQUIPMENT REQUESTED.
DESCRIBE THE EMPIREM REQUESTED.
IS THIS EQUIPMENT COMPATIBLE WITH THE COMMONWEALTH OF KENTUCKY NG9-1-1 STATE PLAN (SEE THE CMRS BOARD WEBSITE: http://cmrsboard.ky.gov)?
(select one)
VHY IS THIS EQUIPMENT NEEDED OR ESSENTIAL?
DOES THIS EQUIPMENT REPLACE ANY EXISTING INVENTORY? (Select one) V
WHAT IS THE FEE ON YOUR LANDLINE PHONES?
HOW MANY CELL-TAKING POSITIONS (WITTY/TOD) DOES YOUR PSAP SUPPORT?
HOW MANY TELECOMMUNICATORS ARE EMPLOYED IN YOUR 911 FACILITY? PLEASE LIST THE NUMBER OF FULL-TIME AND PART-TIME TELECOMMUNICATORS.
24/22
DOES YOUR FACULTY DISPATCH 24/7? (select one)
IDENTIFY THE AGENCIES FOR WHICH YOU DISPATCH.
IS YOUR 911 DATABASE ON OR OFF SITE?
HOW CURRENT IS YOUR MAPPING SOFTWARE? WHAT YEAR WAS IT LAST UPDATED?
HOW OFTEN IS YOUR DATA UPDATED?
DO YOU COLLECT STRUCTURE POINTS?
(select one) v
ARE YOU PHASE II COMPLIANT AND CERTIFIED BY CMRS? (select one)
DESCRIBE HOW THE REQUESTED ITEMS / EQUIPMENT WILL BE INSTALLED AND WHERE (ATTACH LABELED PHOTO OF STRUCTURE).
d d
DOES THIS PIECE OF EQUIPMENT SUPPORT A MINS TYPED RESOURCE? (Select one)
IF YES, SPECIFY TYPE OF RESOURCE AND ID MUMBER (SEE RESOURCE TYPING LIBRARY TOOL AT HTTPS://RTLT.PTACCENTER.ORG/PUBLIC).

,
DESCRIBE THE EQUIPMENT BEING REQUESTED.
WHY IS THIS EQUIPMENT NEEDED OR ESSENTIAL?
DOES THIS EQUIPMENT REPLACE ANY EXISTING INVENTORY / EQUIPMENT? IF SO, PLEASE DESCRIBE THE AGE AND CONDITION OF THIS EQUIPMENT.
SOLD THIS DESIGNACT PARTICULAR INVESTIGAT F DESIGNACTOR F PARTIC SECURIOR FOR MICH. THE SECURIOR OF THIS DESIGNACTION
FOR A SIREN PROJECT, PLEASE PROVIDE A MAP THAT INDICATES EXISTING SIREN SITES WITH THE AREA OF COVERAGE AND THE REQUESTED SIREN SITES WITH NEW AREA OF COVERAGE ONCE THE PROJECT IS COMPLETE.
ESTIMATE THE NUMBER OF HOMES AND POPULATION THAT WILL BE COVERED BY THIS PROJECT.
DESCRIBE THE SITES WHERE EQUIPMENT WILL BE ATTACHED OR LOCATED, INCLUDING THE TYPE OF STRUCTURE INVOLVED (BUILDING, POLE, ETC). PLEASE ATTACH A LABELED PHOTO OF THE SITE AND / OR STRUCTURE.
HAVE ANY STUDIES, REPORTS OR SURVEYS BEEN COMPLETED THAT PROVIDE INFORMATION ON ENVORONMENTAL IMPACT ON HISTORIC PROPERTIES IN THE AREA WHERE THE EQUIPMENT
WIL BE PLACED / ATTACHED?
IF THE REQUESTED ALERT SYSTEM INVOLVES MAPPING, WHAT IS THE PLAN FOR KEEPING INFORMATION CURRENT?
IF THE REQUESTED ALERT STSTEM INVOLVES MAPPING, WHAT IS THE PLAN FOR RECEING INFORMATION CONCERT:
DOES THIS PIECE OF EQUIPMENT SUPPORT A NIMS TYPEO RESOURCE?
(select one) v
IF YES, SPECIFY TYPE OF RESOURCE AND ID NUMBER (SEE RESOURCE TYPING LIBRARY TOOL AT https://rtlt.ptaccenter.org/public).
B. Critical Infrastructure Protection

B. Critical Infrastructure Protection 1. Physical Security, Generators, etc. WHAT IS THE CRITICAL INFRASTRUCTURE BEING HARDEMED? PLEASE INCLUDE THE CRITICAL INFRASTRUCTURE'S NAME AND ADDRESS. WHY IS THIS STRUCTURE CONSIDERED CRITICAL INFRASTRUCTURE? IS THIS CRITICAL INFRASTRUCTURE OWNED BY THE APPLICANT AGENCY? (F NOT, WHO OWNS IT? WHAT IS THE AGE OF THE CRITICAL INFRASTRUCTURE INVOLVED IN THIS PROJECT? DESCRIBE THE EQUIPMENT BEING REQUESTED. DOES THIS EQUIPMENT REPLACE ANY EXISTING INVENTORY / EQUIPMENT? [SELECT ORD] Y HAVE ANY STUDIES, REPORTS OR SURVEYS BEEN COMPLETED THAT PROVIDE INFORMATION ON ENVIRONMENTAL IMPACT ON HISTORIC PROPERTIES IN THE AREA? [GEIGCT ORD] Y DESCRIBE NOW THE REQUESTED ITEMS / EQUIPMENT WILL BE INSTALLED AND WHERE (ATTACH LABELED PHOTO OF STRUCTURE).

DES THIS PIECE OF EQUIPMENT SUPPORT A MIMS TYPED RESOURCE?
(select one)
F YES, SPECIFY TYPE OF RESOURCE AND ID NUMBER (SEE RESOURCE TYPING LIBRARY TOOL AT HTTPS://RTLT.PTACCENTER.ORG/PUBLIC).
TES, SPECIF TIPE OF RESOURCE AND ID HUMBER (SEE RESOURCE TIPING LIGHANT TOOC AT MITTANTINE PRANCE PROPERTY AND THE CONTRACT OF
2
2. CYBER SECURITY ENHANCEMENT PROJECTS
ESCRIBE THE FACILITY(S) THAT THESE ENHANCEMENTS WILL BENEFIT.
DESCRIBE THE SYSTEM(S) THIS PROJECT WILL ENHANCE. IS THIS A SHARED NETWORK OR A STANDALONE NETWORK?
WHAT TECHNOLOGY IS CURRENTLY BEING USED TO PROTECT THE SYSTEM?
S THE CURRENT TECHNOLOGY OUTDATED OR CONSIDERED OBSOLETE BY TODAY'S STANDARD?
(select one)
JUSTIFY THE NEED FOR THIS PROJECT BY DESCRIBING THE TYPE OF DATA THAT THIS PROJECT WILL PROTECT.
WHAT CRIMES, IF ANY, WILL THE REQUESTED TECHNOLOGY DETER?
WE THERE DOCUMENTED COMPUTER-RELATED CRIMES THAT THIS PROJECT WILL ADDRESS IN THE COMMUNITY?
(select one)
PLEASE DESCRIBE HOW THE REQUESTED EQUIPMENT WILL BE INSTALLED. INCLUDE DESCRIPTION OF ALL ITEMS THAT WILL BE NECESSARY TO COMPLETE THE PROJECT (ATTACH LABELED
PHOTO OF BUILDING / STRUCTURE).
DOES THIS PIECE OF EQUIPMENT SUPPORT A NIMS TYPED RESOURCE?
(select one) v
F YES, SPECIFY TYPE OF RESOURCE AND ID NUMBER (SEE RESOURCE TYPING LIBRARY TOOL AT HTTPS://RTLT.PTACCENTER.ORG/PUBLIC).
C. First Responder Equipment
DO YOU HAVE A COMPREHENSIVE EQUIPMENT SCHEDULE THAT INCLIDES REQUIRED EQUIPMENT, EQUIPMENT ON HAND AND NEEDED EQUIPMENT? PLEASE EXPLAIN.
DOES THE REQUESTED EQUIPMENT REPLACE ANY EXISTING INVENTORY / EQUIPMENT? IF SO, PLEASE DESCRIBE THE AGE AND CONDITION OF THE EXISTING INVENTORY / EQUIPMENT.
DESCRIBE THE EQUIPMENT BEING REQUESTED AND ITS KEY IMPORTANCE TO FIRST RESPONDERS.
TERRORE THE TRANSPORT IN ORDER TO LIFE THE DECILITIES CONSTITUTE
DESCRIBE THE TRAINING INVOLVED IN ORDER TO USE THIS SPECIALIZED EQUIPMENT.

ARE REQUIRED PHYSICALS ALREADY BUDGETED?

(select one)

V

HOW MANY INDIVIDUALS WOULD NEED PHYSICALS TO USE THIS EQUIPMENT?

DESCRIBE ANY LOCAL AND REGIONAL TRAININGS, DRILLS OR TABLETOP EXERCISES IN WHICH YOUR DEPARTMENT(S) PARTICIPATES.

DOES THIS PIECE OF EQUIPMENT SUPPORT A MIMS TYPED RESOURCE? (select one)	
IF YES, SPECIFY TYPE OF RESOURCE AND ID NUMBER (SEE RESOURCE TYPING LIBRARY	TOOL AT HITPS://RILT.PTACCENTER.ORG/PUBLIC).

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Section III - Budget

All applicants must complete this section, please answer ALL questions below.

GIVE A BRIEF SUMMARY OF THE PLANNED EXPENDITURES.	
<u></u>	4
WHAT IS THE NECESSITY AND REASONABLENESS OF ALL PROJE	ECT COSTS.
HAVE YOU APPLIED FOR ANY OTHER FEDERAL OR STATE FUNOS	FOR THIS PROJECT? IF SO, WHAT AGENCY?
	25 75 202 (572) (5 22 1000 (1000))
IS THE APPLICANTE CAPABLE OF SUPPLEMENTING A PORTION O	or the Project r it so, now much r
	The second secon
DISCUSS HOW YOU PLAN TO MAINTAIN AND REPLACE THIS EQUI	IPMENT.
WILL THE STATE PRICE CONTRACT BE USED?	
Yes v	
	ARREST HALL AND THE REST.
PROVIDE MILESTONES FOR THESE DATES: OCT-DEC, JAN-MAR,	APR-JUN, AND JUL-SEP.
	0.1-1
	Submit

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Section IV - Total Estimated Cost

Provide the total estimated cost to implement this project by completing the following table.

AEL#	AEL CATEGORY			TOTAL COST	ADD	
				TOTAL	\$0.00	
	<u>DASHBOARD</u>					

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Section V - Historical Funding

Complete the following chart detailing past funding the Lead Applicant Agency received from KOHS.

YEAR AMOUNT USE OF GRANT (MOC, CBRNE, EQUIPMENT, TOWER, RADIOS, ETC.)			ENTITIES THAT RECEIVED EQUIPMENT OR BENEFITS		
	DASHBOARD				



Helpful Links

Sample Resolutions	SPECIAL DISTRICT	COUNTY	<u>aty</u>
Kentucky Wireless Interoperability Executive Committee (KWIEC)	LIN	5	
Authorized Equipment List (AEL)	UN	5	
Data Universal Numbering System (DUNS)	LIM	5	
eClearinghouse	UN	S (2)	
eClearinghouse Instructions	DOWN	OAD	
eClearinghouse Power Point	DOWALL	OAD	
Kentucky Heritage Council	LIM	K	
Application Instructions / Checklist and Guidance	DOWN	OAD	
Core Capabilities Definitions	DOWN	OAD.	
DASHBOARD	<u> </u>		

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